



CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH
TEMPORARY FOOD FACILITY PERMIT APPLICATION

TEMPORARY FOOD STAND PERMIT FEE \$55.00

Date of application: _____

1. Organization Name/DBA: _____

2. Contact Person: _____ D.L. #: _____

3. Mailing Address: _____ Phone #: _____

_____ Message #: _____

4. Event: _____

5. Location of Event: _____

6. Event Organizer/Promoter: _____

7. Date(s): _____ Time: _____

8. Foods to be Served: _____

9. Cooking Methods and Types of Cooking Equipment: _____

10. Attach a separate sheet with a drawing and a description of the temporary food stand with a layout of all equipment.

SIGNATURE OF APPLICANT

DATE